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A. COVERED CSP SERVICES

The CSP services indicated below are covered by the WMAP when prescribed by a physician. All CSP services billed to the WMAP must be identified in the treatment plan except for assessments and treatment planning, case management, and services which must be provided on an emergency basis. The treatment plan must be reviewed and signed by the CSP psychiatrist. Services are reimbursable by the WMAP only if the recipient's treatment plan is written and updated in accordance with the requirements of HSS 63.10(2).

When billing the WMAP, providers may include travel time necessary to provide services away from the CSP office and time spent documenting the services provided.

Telephone contacts are only billable when they involve a crisis intervention or emergency service or when they are specifically identified in the treatment plan as a necessary element of the recipient's treatment. For instance, if identified in the treatment plan, the CSP may bill for calling a recipient in the mornings for the first two weeks of a new job to make sure that the recipient is getting prepared for work and making appropriate plans for traveling to the job.

Each service is reimbursable only if provided by staff allowed to perform that service. Refer to Appendix 7 of this handbook for the qualification descriptions of CSP staff for each level of service. Within each service, separate procedure codes are defined for each of the appropriate levels of staff qualifications. See Appendix 4 of this handbook for a listing of procedure codes and allowable staff for each service. Please refer to Appendix 5 of this handbook for a list of the appropriate place of service codes for each service.

CSP Assessments and Treatment Planning

This service includes:

- Initial assessment
- In-depth assessment
- Treatment plan development and case review to evaluate and revise the current treatment program

The criteria for initial assessment, in-depth assessments, and treatment plans are listed in s. HSS 63.10, Wis. Adm. Code.

The WMAP will only cover services delivered to a recipient after he or she has been formally admitted to the CSP. Only one staff member can bill the WMAP for an assessment, treatment plan, or case review when multiple CSP staff are present.

The referring or prescribing physician must be indicated on all claims submitted for CSP assessment and treatment planning. This may be the CSP's psychiatrist.

CSP Transition to Community Living

Minimal CSP services may be provided to individuals who are inpatients in a hospital or nursing home. However, CSP services are not reimbursable when delivered to individuals 21-64 years of age who are in a hospital or nursing home designated as an institution for mental disease (IMDs). CSP Transition to Community Living procedure codes must be used to bill for any services provided to recipients who are hospital or nursing home inpatients. These services include:

1. Meetings with the recipient during a hospital or nursing home stay to maintain continuity of contact with the CSP treatment team and to evaluate the recipient's progress towards discharge.

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2. Meetings in the hospital or nursing home with the recipient to discuss plans for discharge.
3. Any other covered CSP services (including case management) performed with, or on behalf of, an institutionalized client by qualified CSP staff.

CSP Routine Psychiatric Services

This service includes:

1. Psychiatric evaluations performed by a psychiatrist.
2. Psychological evaluations performed by a psychologist.
3. Individual and family psychotherapy [as defined in s. HSS 101.03(145), Wis. Adm. Code].

CSP Medication Prescription and Administration

This service includes:

1. Prescription of medication related to the psychiatric illness by a psychiatrist.
2. Administration of medication related to the psychiatric illness.
3. Medication checks and evaluation of appropriateness of current medication regimen, including the monitoring of side effects.
4. Administration and assistance in taking other medications if the need for supervision is related to the person's mental illness (e.g., the recipient is not using insulin appropriately).

CSP medication prescription and administration may be billed only by psychiatrists and registered nurses. Medication administration may be billed by psychiatrists or registered nurses. Medication prescription may be billed only by psychiatrists. CSP staff cannot be paid for other medical procedures (e.g., changing dressings on a wound).

CSP Symptom Management or Supportive Psychotherapy

This service includes:

1. Ongoing monitoring of the recipient's mental illness symptoms and response to treatment.
2. Interventions with the recipient to help the recipient identify his or her mental illness symptoms.
3. Teaching of behavioral symptom management techniques to alleviate and manage symptoms not reduced by medication.
4. Assisting the recipient to adapt to and cope with internal and external stresses.
5. Face-to-face crisis intervention, including in-home or community care, to manage a recipient crisis. For example, in order to prevent hospitalization, a recipient who becomes acutely paranoid may need extensive staff supervision over a period of a number of days to ensure that the client does not harm him/herself or others.
6. Time spent in contact with a recipient via a 24-hour crisis line.

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**A. COVERED CSP
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CSP Case Management

This recipient-specific service includes:

1. Coordination efforts to ensure that required assessments, treatment plans, and case reviews involving other CSP staff and community agency staff occur as needed.
2. Coordination, follow up, and monitoring of referrals of the recipient to other community agencies.
3. Coordination of contracting for a specific recipient for specialized services (e.g., Alcohol and Other Drug Abuse [AODA] services which cannot be supplied by CSP staff).
4. Monitoring recipient's symptom status in order to determine the need for additional services or changes in the treatment plan.
5. Contact with other CSP staff which is necessary to ensure that the recipient's treatment plan is being properly implemented and services are coordinated within the program.
6. Coordinating the provision of emergency services during crisis periods. This is distinguished from CSP symptom management and supportive psychotherapy in that these services are not necessarily face-to-face. It is possible that more than one CSP staff may bill for a crisis intervention, with one providing face-to-face contact and one providing case management.
7. Advocating on behalf of the recipient for needed benefits and services other than legal advocacy (e.g., general relief, supplemental security income, housing subsidies, medical services, and food stamps).
8. Coordinating efforts to provide the support, consultation, and educational needs of the recipient's family or others in the support system (including efforts to provide information, education, and support).

The recipient's designated case manager may delegate some of these activities to other appropriate CSP staff. However, CSPs may not bill the WMAP for case management services performed by mental health technicians.

Advocacy or education that is not recipient specific is not covered by the WMAP.

CSP Employment Related Skill Training

This service includes:

1. Initial vocational and educational assessment.
2. Ongoing, on-site vocational assessment/evaluation/feedback sessions to identify symptoms or behaviors and to develop interventions with the recipient and employer that affect work.
3. Individual work-related symptom management.
4. On-the-job or work-related crisis intervention.

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5. Employment-related services, which are not job specific, to assist in gaining and utilizing skills necessary to undertake employment. This includes helping the recipient learn skills related to personal hygiene and grooming, securing appropriate clothing, wake-up services, and on-the-job supportive contacts. In addition, this includes assistance in helping the recipient to learn to arrange transportation.

Covered services are those which address the illness or symptom-related problems that the mental illness creates in securing and keeping a job.

CSP Psychosocial Rehabilitation

This service includes:

1. Individual interventions in social or recreational skill training to improve communication skills and facilitate appropriate interpersonal behavior.
2. Problem solving, support, and supervision related to activities of daily living to assist recipients to gain and utilize skills related to personal hygiene, household tasks, transportation utilization, and money management.
3. Accompanying the recipient to appointments in order to assist in gaining necessary services including:
 - medical and dental care
 - legal services
 - transportation services
 - living accommodation

The CSP may bill the WMAP for accompanying a recipient to an appointment only when:

- the services of a CSP provider are needed in order for the recipient to gain access to the services because of the recipient's psychiatric symptomatology; and
- the need for staff to accompany the recipient is identified in the recipient's treatment plan.

These services differ from CSP case management services since CSP staff will accompany the recipient to appointments for arranging these services (e.g., if a CSP staff member accompanies a recipient to the housing authority).

CSP Group Therapy

This service includes:

1. Psychotherapy groups as performed by a psychiatrist, psychologist, or master's level provider. The goals of the group must be consistent with the definition of psychotherapy in s. HSS 101.03(145), Wis. Adm. Code.
2. Medication education groups provided by an M.D. or R.N. focusing on educating clients about the role of and effects of medications in treating symptoms of mental illness. These groups must not be used solely for the purpose of group prescription writing.
3. Employment related groups to focus on symptom management on-the-job, anxiety reduction, and education about appropriate job-related behaviors.

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4. Groups that offer specific skill training in communication, interpersonal skills, or parenting when these groups are identified in the treatment plan for the purpose of improving specific skills which are identified in the assessment as being inadequate.
5. Symptom management groups as performed by an M.D., Ph.D., master's level, or CSP professional. The goals of the group should be consistent with CSP symptom management or supportive psychotherapy.

NOTE: A group is defined as two to ten clients, at least one of whom is a recipient, who are concurrently receiving a service which is identified in this section as group therapy. The service must be specified in the recipient's treatment plan. No more than two CSP staff may bill the WMAP for services provided to the same group of recipients. If two CSP staff bill for recipients in the same group session, they must each bill for different recipients.

B. PLACE OF SERVICE

CSP services may be provided in a variety of settings. All services can be delivered at the CSP office, an outpatient hospital setting, the recipient's home, or other places of service (e.g., recipient's job site, a social security office, grocery store). In addition, transition to community living services may also be delivered at the hospital or nursing home where the recipient is residing. Refer to Appendix 5 of this handbook for a list of the allowable place of service codes for each service.

C. NON-CSP MENTAL HEALTH AND AODA SERVICES

The WMAP does not allow reimbursement for any other outpatient mental health services while a recipient is receiving WMAP reimbursed CSP services. This includes Medical Assistance case management and medical day treatment services. CSPs, as part of their case management function, should monitor the use of other outpatient mental health services by their clients. However, the WMAP allows reimbursement to providers for AODA services provided while a recipient is receiving CSP services.

D. CONTRACTING SERVICES

CSP standards are designed to encourage development of a comprehensive and integrated service delivery system. It is recognized, however, that there may be times when clients have specialized treatment needs that cannot be addressed by the CSP staff. In these cases, the CSP may contract with other qualified providers to deliver services. Contracting is appropriate only for psychiatric or psychotherapy services with a psychologist or Medical Assistance-certifiable psychotherapist in two situations: 1) When the recipient has an established relationship with the independent provider and it would be harmful to the recipient to terminate this relationship; or 2) When the recipient has highly specialized treatment needs (e.g., sexual abuse) which are not required to be provided by the CSP under HSS 63, Wis. Adm. Code. These services must meet the criteria for Routine Psychiatric Services or CSP Medication Prescription and Administration as defined in this section of the handbook. The service must be billed by the CSP.

Psychiatric or psychotherapy services may only be separately billed by non-CSP providers for CSP recipients when they are provided as professional services to recipients who are inpatients in a hospital or nursing home.

When the CSP is contracting with an independent psychotherapy provider, the recipient's medical record must justify the need to contract for the services. The recipient's CSP treatment plan must reflect how these services are integrated with the recipient's overall treatment, including how the independent therapist is involved in treatment planning and review. Additionally, the recipient's record must have copies of progress notes from the independent provider to document the services billed through the CSP. The CSP is responsible for insuring the adequacy and quality of these services.

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E. DOCUMENTATION

The recipient's medical record must contain copies of assessments and treatment plans required under HSS 63 and updated according to these standards. The record must have signed and dated notes for all services billed to the WMAP (including those provided by any contracted therapist). The notes must contain sufficient documentation showing that:

- The service provided meets the criteria for the billable services as described in this section;
- The service was provided by the level of professional for which the billing occurred (e.g., CSP professional, Masters);
- The amount of service time reflects the time billed, including any allowed travel time;
- The service is one which is identified in the treatment plan (or is one of the services exempt from this requirement as outlined at the beginning of this section; and
- The service was provided on the billed date.

All notes must be signed by the provider who delivered the service and received reimbursement. For instance, if a CSP professional, a master's level clinical coordinator, and the CSP psychiatrist attended the treatment planning session and the procedure code appropriate for the psychiatrist was billed, then the progress note documenting the meeting must be signed by the psychiatrist, even if another staff member writes the note.

**F. NONCOVERED
CSP SERVICES**

The following services are not covered benefits of the WMAP:

1. CSP services provided to State-contracted HMO enrollees;
2. Recreational therapy (activities which are primarily social or recreational in nature, such as attending a baseball game);
3. CSP services performed by volunteers;
4. Job-specific interventions, job training and job placement services (helping the recipient develop a resume, applying for a job, and job training or coaching);
5. Advocacy which is not client specific;
6. Staff performance of household tasks and chores, such as laundering clothes, housekeeping, and grocery shopping;
7. Time spent "on call" when not delivering services to a client; and
8. Outreach services to potential clients.

**G. CLOZAPINE
MANAGEMENT
SERVICES**

Introduction

Clozapine Management is a specialized care management service which may be required to ensure the safety of recipients who are using the psychoactive medication Clozapine. WMAP-certified CSPs may be separately reimbursed by the WMAP for Clozapine Management services provided to Medical Assistance recipients.

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**G. CLOZAPINE
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CSPs are not required to bill the care management services for recipients on Clozapine as Clozapine Management. All of the Clozapine Management services described in this section of the handbook may be billed as CSP services when provided and billed in accordance with CSP policy described in Section II-A of this handbook.

For instance, making sure the recipient receives their medication appropriately or discontinues medications if ordered by the physician can be billed as CSP Medication Administration and Management. Making sure that test results are reported to the pharmacy or physician, as appropriate, may be billed as CSP case management. CSPs may bill for these services as CSP services if they are identified in the treatment plan and are provided by allowable staff, as described in Section II-A of this handbook. When these services are billed as CSP services they are not subject to prior authorization. However, the county is reimbursed under the CSP Terms of Reimbursement which means that they receive only the federal share of the allowable reimbursement. When the services are billed as Clozapine Management, the CSP is reimbursed the full contracted rate as described below.

Conditions for Coverage of Clozapine Management

Clozapine Management is covered when all of the following conditions are met:

1. A physician prescribes the Clozapine Management services in writing. Although separate prescriptions are not required for Clozapine and Clozapine Management, the Clozapine Management service must be identified as a separately prescribed service from the drug itself.
2. The recipient is currently taking or has taken Clozapine within the past four weeks.
3. The recipient resides in a community-based (non-hospital or nursing home) setting.
4. The pharmacy dispensing Clozapine obtains prior authorization from the WMAP for reimbursement for Clozapine.
5. The CSP obtains prior authorization for Clozapine Management from the WMAP.

Refer to Section III of this handbook for information on prior authorization for Clozapine Management and to Section IV for billing information.

Components of Clozapine Management Services

The following components are part of the Clozapine Management service:

1. Ensure that the recipient has the required weekly white blood count testing. The provider may draw the blood or transport the recipient to a clinic, hospital, or laboratory to have the blood drawn, if necessary. The provider may travel to the recipient's residence, or other places in the community where the recipient is available, to perform this service, if necessary.

The provider's transportation to and from the recipient's home or other community location to carry out any of the required services listed here are considered part of the weekly capitation payment for Clozapine Management.

2. Ensure that the blood test results are reported to the pharmacy dispensing the recipient's Clozapine in a timely fashion.

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3. Ensure that abnormal blood test results are reported to the physician who prescribed the recipient's Clozapine.
4. Ensure that the recipient receives medications as scheduled, ensure that the recipient stops taking medication when blood test is abnormal, if so ordered by the physician, and receives any physician-prescribed follow-up care to ensure that the recipient's physical and mental well-being are maintained.
5. Make arrangements for the transition and coordination of the use of Clozapine and Clozapine Management services between different care locations.
6. Maintain records as described below.

Recordkeeping Requirements for Clozapine Management

The Clozapine Management records must be kept with the recipient's CSP record and must be clearly identified. This record must contain:

1. A face sheet identifying the recipient, to include the following information:
 - recipient's Medical Assistance identification number;
 - recipient's name;
 - recipient's current address;
 - recipient's psychiatric diagnosis;
 - name, address and telephone number of the physician prescribing Clozapine;
 - name, address and telephone number of the primary medical provider (if different than the prescribing physician);
 - name, address and telephone number of the pharmacy from which the recipient is receiving Clozapine;
 - address and telephone number of other locations at which the client may be receiving blood draw and at which the client may be located on a regular basis.

The CSP face sheet may be used for this purpose if it contains all the information specified.

2. The CSP treatment plan must have a separate problem part indicating the manner in which the provider ensures that the covered services are provided (e.g., the plan indicates where and when blood will be drawn, whether the recipient will pick up medications at the pharmacy or whether they will be delivered by the provider). The plan should also specify signs or symptoms that might be associated with medical conditions resulting from side effects of the drug, or other signs or symptoms related to the recipient's mental illness, which should be reported to a qualified medical professional. The plan should indicate health care professionals responsible for oversight of the Clozapine Management services and indicate how often they will see the recipient. The plan should be reviewed every six months in accordance with the usual standards for CSPs.
3. Copies of all prior authorization requests for Clozapine and Clozapine Management.

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4. Copies of physician's prescriptions for Clozapine and Clozapine Management.
5. Copies of laboratory results of white blood cell counts.
6. Signed and dated notes documenting all Clozapine Management services. The date of all blood draws should be indicated as well as who performed the blood draw. If the provider had to travel to provide services, the travel time should be indicated. Services provided to ensure that recipient received medically necessary care following an abnormal white blood cell count must be documented. The CSP should document the Clozapine Management services in the CSP record chronologically along with documentation of other CSP services. The Clozapine Management notes should be highlighted in a manner which makes them easily identifiable (i.e., a hand stamp).

**H. NONCOVERED
CLOZAPINE
MANAGEMENT
SERVICES**

The following are not covered as Clozapine Management services:

1. Clozapine Management for recipients not authorized by the WMAP to receive Clozapine.
2. Clozapine Management which has not been prior authorized.
3. Clozapine Management for recipients residing in a nursing home or hospital on the date of service.
4. Care coordination, medical services or provider transportation not related to the recipient's use of Clozapine.
5. Recipient transportation costs to receive any WMAP reimbursed services. Recipient transportation to a physician's office or pharmacy is reimbursed in accordance with sec. HSS 107.23, Wis. Adm. Code. Such transportation, when provided by a specialized medical vehicle, is not covered unless the recipient has a disability which requires personal assistance in ambulating or the use of mechanical aids, such as a wheelchair or crutches. Recipient transportation by common carrier must be approved and paid for by the county agency responsible for Medical Assistance transportation services.
6. The performance of the white blood cell count. The white blood cell count must be performed and billed by a WMAP-certified laboratory in order to be reimbursed by the WMAP.

**I. CLOZAPINE
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CSPs which provide Clozapine Management services must be extremely careful not to double bill the WMAP for services. This may happen when the CSP provides Clozapine Management services during the same encounter as when they provide WMAP allowable CSP services. In these cases, the CSP must document the amount of time that was spent on the CSP billable service separate from the time spent on the Clozapine Management service.

If the CSP staff travels to the recipient's home to perform Clozapine Management related services (e.g., transport the recipient to receive their weekly blood draw or draw the blood for the weekly white blood cell count), the CSP may not bill the WMAP for CSP-related travel time even if the CSP staff performed other CSP billable services during this visit (i.e., adult daily living skill training). In these cases, reimbursement for travel time is assumed to be included in the weekly reimbursement for Clozapine Management.

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**I. CLOZAPINE
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Ensuring that the recipient takes Clozapine as scheduled is also considered a Clozapine Management function and, therefore, should not be billable as a CSP service. Regular psychiatric medication management visits which are not exclusively related to Clozapine are not considered a part of the Clozapine Management service and may, therefore, be billed as a CSP service. CSPs are advised to make sure that coordination functions related to Clozapine Management are not billed as CSP case management. Although CSPs must not bill Clozapine Management related services as CSP services, these services must still be identified in the recipient's treatment plan.